

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 92  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr David A Johnson**

Mailing Address 507 Rose Down Trce N

City

Peachtree Cty

State

GA

Zip Code

30269-3718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : 36022503**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr Keith A Schrunk**

Mailing Address 2063 Rock Branch Rd

City

Anthon

State

IA

Zip Code

51004-8150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : 36022507**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Dr Jeffrey J Neighbors**

Mailing Address 119 S Cadwell Ave

City

Eagle Grove

State

IA

Zip Code

50533-2121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : 36022508**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1665.00

**TOTAL** This Period (last page this line number only)..... ►